	CONTR			R QUALITY CONTR CH ADDITIONAL SHEETS IF NECES		<b>RT</b>	DATE	
PHASE	BLANK NOT APPLICABLES		Ī	IDENTIFY SPECIFICATION SECTION,		WORK, LOCATION	AND LIST PERSONNEL PR	RESENT
, ,,,,,,,,,	PLANS AND SPECS							
	THE SUBMITTALS HAVE							
RY	BEEN APPROVED.  MATERIALS COMPLY WITH		ᆜ					
2	APPROVED SUBMITTALS	╙						
IRA	MATERIALS STORED PROPERLY.							
PREPARATORY	PRELIMINARY WORK WAS							
모	TESTING PLAN HAS BEEN							
	WORK METHOD AND		<u> </u>					
	SCHEDULE DISCUSSED.  JOB SAFETY / HAZARD		<del>                                     </del>					
	ANALYSIS ADDRESSED						STING PERFORMED & WI-	10
	PRELIMINARY WORK WAS DONE CORRECTLY					TE:	PERFORMED TEST	
_	SAMPLE HAS BEEN PREPARED/APPROVED							
IAL	WORKMANSHIP IS							
INITIAL	SATISFACTORY TEST RESULTS ARE		吉					
_	ACCEPTABLE. WORK IS IN COMPLIANCE	$+ \equiv$	$\vdash$					
	WITH THE CONTRACT.							
	WORK COMPIES WITH SAFETY REQUIREMENTS							-
	WORK COMPLIES WITH CONTRACT AS APPROVED					TE	STING PERFORMED & WH PERFORMED TEST	40
4	INITIAL PHASE		<b>_</b>					
FOLLOW-UP	WORK COMPIES WITH SAFETY REQUIREMENTS							
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REWORK	ITEMS IDENTIFIED TODAY (NOT	r corre	CTED B	CLOSE OF BUSINESS)	REWORK ITEM	S CORRECTED TODA	AY (FROM REWORK ITEMS	S LIST)
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REMAR	<b>TK3</b>							
correct	aif of the contractor, I certify that and equipment and material used	d and wo	ork perfo	rmed during this				
reportir	ng period is in compliance with the actions to the best of my knowled	he contra	act drawl	ngs and AUTH	ORIZED QC MANA	GER AT SITE		DATE
				ALITY ASSURANCE REPO	श	DATE		
QUALITY.	ASSURANCE REPRESENTATIVE	'S REMA	ARKS AN	D/OR EXCEPTIONS TO THE REPORT				
				GOVE	RNMENT QUALITY	ASSURANCE N	/IÄNAGER	DATE

COMBINED FORM 01450-1 (7/96)

(ВАСК)

SHEET OF

	CONTRACTOR QUALITY CONTROL REPORT CONTINUATION SHEET DATE								
<b> </b>		T	T	CH ADDITIONAL SHEETS IF NECESSARY)					
PHASE	BLANK NOT APPLICABLE PLANS AND SPECS		NO	IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATI	ON AND LIST PERSONNEL PRESENT				
	HAVE BEEN REVIEWED								
	THE SUBMITTALS HAVE								
	BEEN APPROVED.  MATERIALS COMPLY WITH		-						
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	DONE CORRECTLY,								
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	SCHEDULE DISCUSSED.								
_	JOB SAFETY / HAZARD ANALYSIS ADDRESSED								
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	PRELIMINARY WORK WAS DONE CORRECTLY				TESTING PERFORMED & WHO				
	SAMPLE HAS BEEN		$\Box$	<u></u>	PERFORMED TEST				
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i	TEST RESULTS ARE								
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- 1	WORK COMPLIES WITH								
	SAFETY REQUIREMENTS								
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COMBINED FORM 01450-2 (7/96)

	CONTRACTOR QUALITY CONTROL REPORT CONTINUATION SHEET  (ATTACH ADDITIONAL SHEETS IF NECESSARY)  DATE								
PHASE	BLANK NOT APPLICABLE			IDENTIFY SPECIFICATION SECTION, DEFINABLE FEATURE OF WORK, LOCATION	ON AND LIST PERSONNEL PRESENT				
	WORK COMPLIES WITH CONTRACT AS APPROVED INITIAL PHASE								
	WORK COMPLIES WITH SAFETY REQUIREMENTS								
Ρ̈́									
FOLLOW-UP									
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		OR PRODUCT		ORT		DATE	-
CONTRACT NO		<del>. '</del>			, , ,	REPORT NO	
CONTRACTOR			SUPERINTEN	DENT			
AM WEATHER		PM WEATHER		MAX TEMP	F	MIN TEMP F	
		WC	RK PERFORMED	TODAY		·	<del></del>
Schedule Activity No.	WORK LOCATION	AND DESCRIPTION			NUMBER	TRADE	HRS
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	IMAC A IOD	SAFETY MEETING HELD T	LUC DATES		Livo		<del> </del>
JOI		opy of the meeting minutes)	HIS DATE?	∐ YES	NO	TOTAL WORK HOURS	
SAFE	) I	E ANY LOST TIME ACCIDE	NTS THIS DATE?	☐ YES	□ NO	ON JOB SITE THIS DATE	-
SAFE	•• /	opy of completed OSHA repor			<b>□</b>	CUMULATIVE TOTAL OF WORK	1
WAS CRANE/MAN		/HV ELECTRICAL/HIGH WORK		TYES	□ NO	HOURS FROM PREVIOUS REPORT	
	ement or checklist showing I			_	_	TOTAL WORK HOURS FROM	
WAS HAZARDO	OUS MATERIAL/WASTE RI	LEASED INTO THE ENVIR	ONMENT?	☐ YES	□ NO	START OF CONSTRUCTION	
Of YES attach desc	ription of incident and propo	sed action)					
LIST SAFETY A	TIONS TAKEN TODAY/SA	AFETY INSPECTIONS COND	DUCTED	- "		SAFETY REQUIREME HAVE BEEN MET	
EOLUDBAENIT/NA	ATERIAL RECEIVED TODA	Y TO BE INCORPORATED					
CONSTRUCTION	I AND PLANT EQUIPMEN	T ON JOB SITE TODAY. IN	ICLUDE NUMBER	OF HOURS US	ED TODAY		
REMARKS			·				
			CONTRACTO	R/SUPERINTE	NDENT	DATE	
OMBINED FOR	M 01450-1 (7/96)					SHEET OF	

## **TESTING PLAN AND LOG**

ONTRACT NUMBER			PROJECT TITLE AND LOCATION							CONTRACTOR		
SPECIFICATION SECTION AND	ITEM		APPE	EDITED/ ROVED			LOCA OF 1			DATE FORWARDED		
PARAGRAPH NUMBER	OF WORK	TEST REQUIRED	YES	NO	SAMPLED BY	TESTED BY	ON	OFF SITE	DATE COMPLETED	TO CONTR. OFF.	REMARKS	
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SECTION 01450 P.

## **REWORK ITEMS LIST**

Contract No. and Title:			
	<del></del>	<del></del>	
Contractor:			

NUMBER	DATE IDENTIFIED	DESCRIPTION	CONTRACT REQUIREMENT (Spec. Section and Par. No., Drawing No. and Detail No., etc.)	ACTION TAKEN BY QC MANAGER	RESOLUTION	DATE COMPLETED
						<u> </u>

SECTION 01450 PAGE